

**NELSON COUNTY PARKS & RECREATION DEPARTMENT**

**CHEER REGISTRATION FORM**

**P.O. BOX 442 LOVINGSTON, VA 22949**

**434-263-7130 FAX 434-263-6022**

**Form MUST be at the NCPRD office before registration deadline**

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**CHEER REGISTRATION FORM**

NAME\_\_\_\_\_

PRESENT AGE\_\_\_\_\_ DATE OF BIRTH\_\_\_/\_\_\_/\_\_\_ HEIGHT:\_\_\_\_\_ WEIGHT:\_\_\_\_\_

YEARS OF EXPERIENCE:\_\_\_\_\_ SCHOOL:\_\_\_\_\_ GRADE:\_\_\_\_\_

Cheerleaders will be sized at the first practice. Shell Top, Skirts, Briefs XS, YS, YM, YL, AS, AM, AL, XL  
Samples will be available.

**MEDICAL INFORMATION:** Does you child have any special needs, physical limitations, allergies, or medications? Please list:

MOTHER/GUARDIAN:\_\_\_\_\_ FATHER/GUARDIAN:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_

PHONE:\_\_\_\_\_

CELL PHONE:\_\_\_\_\_

CELL PHONE:\_\_\_\_\_

EMAIL: \_\_\_\_\_ Send: ☐ Just Cheer info ☐ Any NCPRD info

EMERGENCY CONTACT (other than parent): NAME\_\_\_\_\_ PHONE\_\_\_\_\_

We need volunteers, please circle where you can help: ASSISTANT COACH TEAM PARENT TEAM SPONSORS

\*\*\*\*\*In the event of illness or injury to my child, which in the judgment of the NCPRD staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPRD, The County of Nelson, and/or the Nelson County Public Schools from any and all claims I may have for all personal injuries my child may incur by participating in this program. I understand the County does not provide insurance & that I am responsible for any expenses for injuries. I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

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OFFICE USE ONLY

Payment: \$25/child \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ REC. # \_\_\_\_\_ \_\_\_\_\_ NCPRD STAFF  
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